

content of client and healthcare worker interactions and documentation. The checklist complemented STI care focussed EPR proformas, significantly improved communication modalities and was especially valued by staff and clients new to the service.

P127 HIV TESTING: ARE THE TARGETS OFF TARGET?

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Background/introduction The British Association for Sexual Health and HIV (BASHH) standards provide clear targets for HIV testing in genitourinary medicine (GUM). BASHH state that 97% of people with 'needs relating to STIs' are offered an HIV test at first attendance; and that 80% are recorded to have an HIV test. Public Health England place testing figures for our fully integrated sexual and reproductive health service consistently below recommended standards.

Aim(s)/objectives To establish true HIV testing rates within an urban sexual health clinic, and to explore factors contributing to our performance.

Methods Electronic patient records from all attendances to GUM or contraception and sexual health clinics between 02/03/2015 and 06/03/2015 were analysed to establish rates and patterns of HIV testing.

Results 282 patients were included in analysis; 253 (89.7%) were offered an HIV test, and 176 (62.3%) had a test. 77 patients refused an HIV test; the most common documented reason was self/clinician perceived low risk (22). Within the 'high risk' cohort (52) only four refused and the reason was clearly noted. If patients attending primarily for contraceptive care were excluded from analysis, 225 patients remained; of these 211 (93.7%) were offered an HIV test and 164 (72.9%) had a test.

Discussion/conclusion We suggest that our lower testing rates, in part, reflect the inclusion of patients attending primarily for contraceptive care. In all sexual health/contraceptive clinics it remains important to risk assess patients, and offer HIV testing where appropriate, but our analysis begs the question: should the targets be amended for fully integrated services?

P128 HUMAN PAPILLOMAVIRUS (HPV) VACCINATION IN YOUNG MEN WHO HAVE SEX WITH MEN (MSM) IN THE UK. AN ONLINE SURVEY OF ATTITUDES, INTENTIONS AND OPINIONS AMONG MSM OFFERED VACCINATION WITHIN INTEGRATED SEXUAL HEALTH SERVICES

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Background We have offered quadrivalent HPV vaccine (HPV4) to MSM under 27 years since 2012. We have observed a 60% 3 dose completion rate within 1 year.

Aims (1) To identify motivating factors or barriers influencing HPV4 completion in a cohort of MSM receiving at least one dose of HPV vaccine. (2) To identify factors influencing survey response rates.

Methods An email and reminder and an SMS text weblink to an online survey was sent to all MSM who received at least 1 dose of HPV4 vaccine.

Results Of 893 eligible, 688 (77%) had an email address, 257 (29%) opened the survey, and 228 (26%) completed the survey. 89% respondents learned of the vaccine at offer. 87% were happy with the information received and 97% with their decision to accept vaccine. A reminder strategy utilising SMS text for 1 year was preferred. Prevention of genital warts and anogenital cancers were equally highly important in motivation. Trusted healthcare workers were important influences in decision making

Abstract P128 Table 1 Sample questions and summary responses

What's important for	GW* Me	GW* My partner	GW* Population	AIN/AC* Me	AIN/AC* My partner	AIN/AC* Population	Agreeing with HCW*
Prevention?	4.2/5	4.1/5	3.8/5	4.2/5	4.1/5	3.8/5	2/5
Score/5							
GW before?	Yes 22%	No 73%	Not sure 4%	GW since?	Yes 4%	No 95%	Not sure 2%
AIN/AC before?	Yes 3%	No 96%	Not sure 1%	AIN/AC since?	Yes 0.3%	No 99%	Not sure 1%
Who could influence MSM?	Sexual Health	Friend thro'	Primary Care	Schools	Twitter	Youtube	LGBT+ Media
	80%	Facebook 74%	Team 65%	Campaign 53%	Campaign 51%	Campaign 40%	40%

*GW = genital warts, AIN/AC = anal intra-epithelial neoplasia/anogenital cancer HCW = Health Care Worker

Survey respondents were more likely to be older (>21 yrs), HIV positive, homosexual and of non-white british ethnicity than the cohort of vaccine recipients.

Discussion MSM HPV vaccine recipients express high levels of satisfaction with vaccination despite little a priori awareness. Trusted public service providers & friends are influential. Completion should be supported through a multifaceted approach involving a range of agencies and media and expansion of access to vaccine.

P129 HOW COMMON IS MYCOPLASMA GENITALIUM? SYSTEMATIC REVIEW AND META-ANALYSIS

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Background *Mycoplasma genitalium* is a common cause of non-gonococcal non-chlamydial urethritis but prevalence rates in asymptomatic populations are not well-established.

Objectives To estimate the prevalence of *M. genitalium* in adult women and men in general population and clinic based samples.

Methods We searched Embase, Medline, IndMED, AIM and LILACS. We examined eligible studies in forest plots and conducted random effects meta-analysis if appropriate. Between study heterogeneity was examined by use of the I² statistic.

Results Of 4355 screened abstracts, 55 studies were eligible. In high income countries that described samples from the general population, prevalence estimates ranged from 0.5 to 3.3% (pooled prevalence 1.4% (95% confidence intervals, CI 0.9 to 1.9%, I² 72.2%). In three studies with population-based random sampling prevalence was 1.2% (95% CI 0.9 to 1.6%, I² 30.1%).

Pooled estimates of prevalence in other populations were: pregnant women 1.2% (95% CI 0.4 to 1.9%, I^2 85.1%, 4 studies); men who have sex (MSM) in the general population 2.3% (95% CI 1.6 to 3.1, I^2 0%, 3 studies); and clinic-based samples of MSM 5.2% (95% CI 4.2% to 6.1%, I^2 0%, 2 studies). In female sex workers in low income countries, prevalence estimates ranged from 13.2 to 26.3% (4 studies).

Discussion Prevalence rates of *M. genitalium* in the overall general population, population-based samples of MSM and pregnant women in high income countries are low. Estimates of prevalence are higher in MSM in clinic-based samples and in female sex workers in low income countries.

P130 NATURAL HISTORY OF *MYCOPLASMA GENITALIUM*: INCIDENCE, PERSISTENCE, TRANSMISSIBILITY AND PROGRESSION TO PELVIC INFLAMMATORY DISEASE: SYSTEMATIC REVIEW AND META-ANALYSIS

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Background *Mycoplasma genitalium* causes urethritis in men and cervicitis in women but characteristics of the infection have not been systematically reviewed.

Objectives To determine the incidence, persistence and transmissibility of *M. genitalium* and its role in pelvic inflammatory disease (PID).

Methods We searched Medline, EMBASE, LILACS, IndMed and African Index Medicus. Two investigators selected studies and extracted data independently. We examined the findings in forest plots and assessed heterogeneity using the I^2 statistic. We conducted meta-analysis if appropriate.

Results Of 4355 abstracts we included 6, 5, 9 and 3 studies about incidence, persistence, transmissibility and PID respectively. Study designs were heterogeneous. In high income countries the pooled incidence was 1.1 per 100 person-years (95% CI, 0.5 to 1.7, I^2 28.3%, 3 studies). The proportion of infected people who cleared infection were 50% after 2.5 months and <90% after 8 months but in one study 25.9% had persistent infection after a median of 16 months. In studies of people with *M. genitalium* the proportion of sexual partners also infected was 55% (95% CI 40 to 70%, I^2 61.5%) and in cross-sectional studies 1 to 22% of couples were concordantly infected. Two cohort studies found PID more commonly in women with *M. genitalium* than in uninfected women (risk ratios 2.4, 95% CI 0.7 to 7.5 and 1.6, 95% CI 0.8 to 3.1).

Discussion Further studies of the natural history of *M. genitalium* are warranted. These estimates can be used in mathematical modelling studies of *M. genitalium* dynamics.

P131 LESSONS LEARNT FROM PATIENT PUBLIC INVOLVEMENT

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Background/introduction NHS England are clear that patients and carers should be supported in their involvement to help shape NHS services. Patient public involvement (PPI) groups to determine patients' views can be used to plan and improve services.

Aim(s)/objectives To hold a patient focus group discussing expectations of an integrated GUM clinic and explore patient views regarding engagement with our service.

Methods A survey given to all patients assessed views on PPI. Interested patients were requested to complete contact details. 12 mixed sex patients confirmed to attend a 90 minute session at a local venue, facilitated by an independent lead. Topics were decided in advance. Responses were documented by clinicians.

Results 306 completed the survey: 89% agreed patient involvement is important. 65 left contact details. 5/12 confirmed participants attended the session; all were male. All stated they would participate in future PPI sessions, and would be agreeable if held within our clinic.

Discussion/conclusion The survey demonstrated that patients agree public involvement is beneficial. However, only a fifth agreed to be contacted for this project. The focus group provided valuable development suggestions including increasing bookable appointments and introducing online triage. Acceptability of holding groups within our clinic enables a financial saving compared to external venues. Adequate participant numbers remains a challenge, with further sessions achieving a similar 50% attendance. Suggestions include reducing time between survey and date of focus group. Increasing invited numbers would allow for high drop-out rates. Trialling targeted focus groups e.g. single sex or telephone interviews may improve patient acceptability.

P132 REVIEW OF SMOKING, ALCOHOL AND DRUG USE WITHIN AN INNER-CITY INTEGRATED GUM SERVICE

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Background/introduction Evidence suggests alcohol and drug use correspond to poorer sexual health outcomes. NICE recommend routine screening for alcohol use disorders, with adults and young people regularly attending GUM services identified as a high risk group. Assessment for drug and alcohol misuse enables health promotion through brief intervention.

Aim(s)/objectives To assess the prevalence of cigarette, alcohol and drug use within our GUM clinic population.

Methods Patients were requested to complete a questionnaire as part of the clinic triage form, including data on smoking status, alcohol use using AUDIT-C and recreational drug use. Cases were randomly selected for retrospective review over two week-long periods in June-July 2015.

Results 493 patients were reviewed: 261 (52.9%) female vs 232 (47.1%) male. Ages ranged from 14–79 (median = 28). 27.9% were current smokers (F = 26.8%, M = 29.2%). 391 (79.3%) patients completed questions to allow adequate assessment of their alcohol use. 220 (56.3%) scored ≥ 5 using the AUDIT-C screening tool, indicating need for further discussion. 317/409 (77.5%) disclosed binge drinking. Of the 418 patients (84.8%) who responded, 73 (17.5%) admitted recreational drug use. The most common method of use disclosed was smoking (71.2%),